

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 20

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90

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED OCT 24 1963

Primary Registration District No.

Registrar's No.

10340

63-042173

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 5742 Maple Avenue

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5742 Maple Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Buna

J.

Weeden

4. DATE OF DEATH

Month

Day

Year

10

15

63

5. SEX

F

6. COLOR OR RACE

Col.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-19-1909 54

9. AGE (last birthday)

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Philadelphia, Miss.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Fulton

13b. MOTHER'S MAIDEN NAME

Elizabeth ?

14. NAME OF HUSBAND OR WIFE

Will Weeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Will Weeden- 5742 Maple Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her him alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-21-63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

23d. LOCATION (City, town, or county)

Berkeley, Missouri

24. FUNERAL DIRECTOR

ADDRESS

A. L. Beal Und. Co. 4303 Delmar

25. DATE RECD. BY LOCAL REG.

OCT 17 1963

26. REGISTRAR'S SIGNATURE

Ad Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vera Thompson Wilson

Licensed Embalmer No. 44-35

P. O. Address 4303 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.